

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015439

1. Entity Name

REFLECTION EQUITIES LLC

APPROVED
AND
FILED

01 APR 24 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

3399 PGA BLVD, SUITE 450

Suite, Apt. #, etc.

3. Mailing Address

3399 PGA BLVD, SUITE 450

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH GARDENS, FL

Zip

33410

Country

City & State

PALM BEACH GARDENS, FL

Zip

33410

Country

4. FEI Number

65-1061031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

PETER D. CUMMINGS & ASSOCIATES, INC.

Street Address (P.O. Box Number is Not Acceptable)

3399 PGA BLVD, SUITE 450

City

PALM BEACH GARDENS

FL

Zip Code

33410

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DAVID A. DEAN, VP

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

200004161692--9

05/08/01--01053--009

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MGR
CUMMINGS, PETER D.
3399 PGA BLVD, SUITE 450
PALM BEACH GARDENS, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

PETER D. CUMMINGS, MGR.

Date

4-16-01

Daytime Phone #

561-630-6110

CR2E083 (1/100)